

www.maisondestclaire.com

ABN: 42 592 219 407

STUDENT INFORMATION FORM Residential French Immersion Program

Background Information

First name:	Middle name:	Surname:
Sex: School Year:	Date of Birth: School:	Age:
Parent(s) with whom you live: Surname: Street Address:		First name(s):
Suburb:	State:	Postcode:
Postal Address (if diff Suburb:	erent): State:	Postcode:
Mobile:	Student's Email:	
Father's occupation:		Mobile:
Mother's occupation: (If business owners o	r company director, pleas	Mobile: e provide specific field)
Mother's Email: Father's Email:		
Siblings (name and a	ge):	
My interests / hobbie	es / favourite actors, musi	c etc.:
Years of language stu Language: Dietary requirements	udy (including present sch Years: (please specify):	ool year):
	d to prepare videos and/o	or an interactive e-Book for students for quired.
Student signature:		Date:
Parent signature:		Date: